

CENTRAL FAX CENTER

PATENT

JUL 10 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : Not Assigned Confirmation No.: Not Assigned
Applicant : Davies
Filed : June 27, 2007
Title : A System and Method for Executing Deposit Transactions Over the Internet
TC/Art Unit : Not Assigned
Examiner: : Not Assigned

Docket No. : 72167.000630
Customer No. : 21967

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination of this application, Applicants hereby submit this Preliminary Amendment.

Amendments to the Specification begin on page 2 of this Preliminary Amendment.

Amendments to the claims begin on page 3 of this Preliminary Amendment.

Remarks begin on page 11 of this Preliminary Amendment.

07/11/2007 TL0111 00000023 500206 09876762

01 FC:1201 200.00 DA
02 FC:1202 850.00 DA

| FEE TRANSMITTAL | | Complete If Known | | | | |
|---|----------------|---|---|-----------------------|-----------------------|----------------|
| For FY 2006 | | Application No. | Not Assigned | | | |
| | | Filing Date | June 26, 2007 | | | |
| | | First Named Inventor | Davies | | | |
| | | Examiner Name | Not Assigned | | | |
| | | Art Unit | Not Assigned | | | |
| | | Attorney Docket No. | 72167.000630 | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | |
| Total Amount Of Payment (\$) | | 1050.00 | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (identify): _____ | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-0206 Deposit Account Name: Hunton & Williams LLP | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments. | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | |
| 1. BASIC FILING, SEARCH AND EXAMINATION FEES | | | | | | |
| FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300.00 | 150.00 | 500.00 | 250.00 | 200.00 | 100.00 |
| Design | 200.00 | 100.00 | 100.00 | 50.00 | 130.00 | 65.00 |
| Plant | 200.00 | 100.00 | 300.00 | 150.00 | 160.00 | 80.00 |
| Reissue | 300.00 | 150.00 | 500.00 | 250.00 | 600.00 | 300.00 |
| Provisional | 200.00 | 100.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2. EXCESS CLAIMS FEES | | | | | | |
| For | Number Present | Highest Number Paid For | Extra | Fees (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Total Claims | 40 | 23 | 17 x | 50.00 | 25.00 | 850.00 |
| Independent Claims | 4 | 3 | 1 x | 200.00 | 100.00 | 200.00 |
| Multiple Dependent Claim | | | | 360.00 | 180.00 | |
| Total Excess Claims Fees | | | | | | 1050.00 |
| 3. APPLICATION SIZE FEE (If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).) | | | | | | |
| Total Sheets | Extra Sheets | No. of Each Additional 50 or Fraction Thereof | Fees (\$) | Small Entity Fee (\$) | Fees Paid (\$) | |
| _____ - 100 = | _____ / 50 = | _____ (round up to a whole number) x | 250.00 | 125.00 | | |
| 4. OTHER FEE(S) | | | | | | |
| <input type="checkbox"/> Non-English Specification (no small entity discount) | | | <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) | | | |
| <input type="checkbox"/> Surcharge - late filing fee or oath | | | <input type="checkbox"/> Design Issue Fee | | | |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | | | <input type="checkbox"/> Plant Issue Fee | | | |
| <input type="checkbox"/> _____ Month Extension of Time | | | <input type="checkbox"/> Petition to Commissioner | | | |
| <input type="checkbox"/> Submission of Information Disclosure Statement | | | <input type="checkbox"/> Petition to Revive (Unavoidable) | | | |
| <input type="checkbox"/> Notice of Appeal | | | <input type="checkbox"/> Petition to Revive (Unintentional) | | | |
| <input type="checkbox"/> Request for Oral Hearing | | | <input type="checkbox"/> Petitions Related to Provisional Applications | | | |
| <input type="checkbox"/> Filing Brief in Support of Appeal | | | <input type="checkbox"/> Recording Each Patent Assignment Per Property | | | |
| <input type="checkbox"/> Filing Submission After Final Rejection | | | <input type="checkbox"/> Other (specify) Ten (10) Copies | | | |
| SUBMITTED BY | | | | | | |
| Signature | | Registration No. | | Telephone | | |
| Typed or Printed Name | | 46,704 | | (305) 810-2522 | | |
| Nancy J. Flint | | | | Date | | July 10, 2007 |

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PHONE NO.: (571) 272-4100

PAGES (INCLUDING COVER): 14

ORIGINAL TO FOLLOW IN MAIL: ☐ Yes ☒ No

FROM NAME: Nancy J. Flint
DIRECT DIAL: (305) 810-2522

MESSAGE In re Application Of: Davies et. al. Examiner: Not Assigned
Application No.: Not Assigned Art Unit: Not Assigned
Filed: June 27, 2007 Docket No.: 72167.000630
Title: A System and Method for Executing Deposit Transactions
Over the Internet

In accordance with 37 CFR 1.8, I hereby certify that the attached correspondence entitled:

1. Preliminary Amendment.
2. Fee Transmittal Form PTOL-85 plus duplicate.

is being facsimile transmitted to the United States Patent and Trademark Office on July 10, 2007.

Signature: Typed or Printed Name of Person Signing Certificate: Nancy J. FlintRegistration No., if applicable: 46,704

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT OPERATOR AT 202 • 955 • 1500.

OPERATOR

DATE: July 10, 2007
CLIENT/MATTER NAME/NO.: 72167/000630

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